



**DEFENSE FINANCE AND ACCOUNTING SERVICE**

**ST. LOUIS OPERATING LOCATION  
4300 GOODFELLOW BLVD, BLDG 110  
P.O. BOX 200009  
ST. LOUIS, MISSOURI 63120-0009**

DFAS-SL-F

Dear Government Contractor:

Effective March 1, 1998, you will be required to furnish both your Electronic Funds Transaction (EFT) information and your Tax Identification Number (TIN) on each invoice submitted for payment to this Operating Location. Due to continued downsizing and the advent of a centralized disbursing office, we will no longer be able to process invoices that do not contain this data.

Invoices received after February 28, 1998 that do not contain this information will be returned to you unpaid. The clock for computing a payment due date will not begin until submission of a "proper" invoice, that is to say, an invoice that contains both the EFT data as well as the TIN. As a reminder, a "proper" invoice must be an original invoice, or be clearly marked "original invoice". It must also include the full name and address of the vendor as it appears on the contract. There must be an invoice date, a contract number, a description of goods/services, the price and quantity of goods/services, and, shipping and payment terms.

Enclosed is a blank EFT Enrollment Form. Please fill out the form by completing Blocks 1 through 8. Have your financial institution complete Blocks 9 through 19. Return the completed form to the above address, Attn: Susan B. Weller. Or fax the form to (314) 260-3404. If you have any questions, you can reach Ms. Weller at (314) 260-2574 during normal business hours.

These requirements are necessary in order that we may continue to provide you with the best customer service possible. Your assistance in helping us maintain that standard will be greatly appreciated.

Remember - no EFT, no Tax ID - no money!

Sincerely,

A handwritten signature in black ink, appearing to read "W. K. Wheeler", is written over the typed name.

W. K. Wheeler  
Deputy Director  
Financial Operations

Encl

# EFT ENROLLMENT FORM

This form is used to enroll for EFT (ACH) payments with an addenda record(s) containing payment related information.

## PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Defense Finance & Accounting Service to transmit payment data, by electronic means, to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House (ACH) Payment System.

FEDERAL AGENCY INFORMATION		
FEDERAL PROGRAM AGENCY DEFENSE FINANCE AND ACCOUNTING SERVICE, INDIANAPOLIS		
VENDOR PAY CONTACT NAME SUSAN B. WELLER PHONE NUMBER (314) 260-2574 FAX NUMBER (314) 260-3404		ADDRESS (STREET, CITY, STATE, ZIP) DFAS-SL-FPV P.O. BOX 200009 4300 GOODFELLOW BLVD., BLDG. 110 ST. LOUIS, MO 63120-0009
PAYEE/COMPANY INFORMATION		
1. PAYEE/COMPANY NAME AS LISTED ON CONTRACT	2. CCR NUMBER/DUNS+4 NUMBER	3. SSN OR TAXPAYER ID NUMBER
4. LIST ALL OPEN CONTRACT NUMBERS OR CONTRACTS TO WHICH THIS AUTHORIZATION APPLIES  LIST ANY ADDITIONAL CONTRACTS ON ANOTHER SHEET		
5. PAYEE/COMPANY CONTACT NAME  PHONE NUMBER ( ) -  FAX NUMBER ( ) -	6. ADDRESS (STREET, CITY, STATE, ZIP)	
7. PAYEE/COMPANY AGREES TO RECEIVE PAYMENT INFORMATION FROM ITS FINANCIAL INSTITUTION. YES NO  IF YOU CIRCLE YES, DFAS WILL NOT MAIL YOU A PAPER VOUCHER.		
8. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL		
FINANCIAL INSTITUTION INFORMATION		
9. FINANCIAL INSTITUTION NAME		
10. ACH COORDINATOR NAME  PHONE NUMBER ( ) -  FAX NUMBER ( ) -	11. ADDRESS (STREET, CITY, STATE, ZIP)	
12. NINE-DIGIT ROUTING TRANSIT NUMBER _____		
13. DEPOSITOR(VENDOR) ACCOUNT TITLE	14. DEPOSITOR (VENDOR) ACCOUNT NUMBER	
15. TYPE OF ACCOUNT CIRCLE ONE: CHECKING SAVINGS	16. ACH FORMAT: (CIRCLE ONE) CCD+ PARTIAL CTX VENDOR: DO YOU WANT CTX/820 WHEN AVAILABLE? YES NO	
17. FINANCIAL INSTITUTION AGREES TO PROVIDE VENDOR WITH A COPY OF THE PAYMENT ADDENDA INFORMATION. YES NO  IF YES, PROVIDE TYPE OF MEDIA AND TIMEFRAME:		
18. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator)		19. TELEPHONE NUMBER ( ) -

DFAS-IN FORM EFT-1  
REV 6/96

VENDOR: PLEASE COMPLETE BLOCKS 1 THROUGH 8. HAVE YOUR FINANCIAL INSTITUTION COMPLETE BLOCKS 9 THROUGH 19.